

AIR POLLUTANT EMISSION NOTICE (APEN) & Application for Construction Permit – Glycol Dehydration Unit

Permit Number: _____ [Leave blank unless APCD has already assigned a permit # & AIRS ID] **Emission Source AIRS ID:** _____ / _____ / _____
Facility Equipment ID: _____ [Provide Facility Equipment ID to identify how this equipment is referenced within your organization.]

Section 01 – Administrative Information

Company Name: _____ NAICS, or
Source Name: _____ SIC Code: _____
Source Location: _____ County: _____
Elevation: _____ Feet
Mailing Address: _____ ZIP Code: _____
Person To Contact: _____ Phone Number: _____
E-mail Address: _____ Fax Number: _____

Section 03 – General Information

For existing sources, operation began on: _____ / _____ / _____ For new or reconstructed sources, the projected startup date is: _____ / _____ / _____
Normal Hours of Source Operation: _____ hours/day _____ days/week _____ weeks/year

General description of equipment and purpose: _____

- ▶ Is this unit subject to the 90% control requirement of Colorado Regulation No. 7, XVII.D (total uncontrolled actual VOC emissions from all dehydration units at this stationary source, including APEN Exempt units, ≥ 15 tons/yr)? ☐ Yes ☐ No ☐ Don't know
- ▶ Will this equipment be operated in any NAAQS nonattainment area? (<http://www.cdphe.state.co.us/ap/attainmaintain.html>) ☐ Yes ☐ No ☐ Don't know
- ▶ Is this unit located at a stationary source that is considered a Major Source of Hazardous Air Pollutant (HAP) emissions? ☐ Yes ☐ No ☐ Don't know

Section 04 – Dehydration Unit Equipment Information

Manufacturer: _____ Model: _____ Serial No.: _____
Reboiler Rating: _____ MMBtu/hr
Glycol Used: ☐ TriEthylene Glycol (TEG) ☐ Ethylene Glycol (EG) ☐ DiEthylene Glycol (DEG)
Glycol Pump Drive: ☐ Electric ☐ Gas If gas, injection pump ratio: _____ acfm/gpm
Pump Make & Model: _____ # of Pumps: _____
Glycol recirculation rate (gal/min): Max: _____ Requested¹: _____ Lean glycol water content: _____ wt. %
Dehy. Gas Throughput: Design Capacity: _____ MMSCF/day Requested¹: _____ MMSCF/yr.
Calendar year actual: _____ MMSCF/yr.
Inlet Gas: Pressure: _____ psig Temperature: _____ °F
Water Content: Wet Gas: _____ lb/MMscf ☐ Saturated Dry Gas: _____ lb/MMscf
Flash Tank: Pressure: _____ psig Temperature: _____ °F ☐ None
Cold Separator: Pressure: _____ psig Temperature: _____ °F ☐ None
Stripping Gas: ☐ None ☐ Use flash gas ☐ Use dry gas: _____ scfm ☐ Use N₂: _____ scfm

¹Requested values will become permit limitations.

Additional Information Required: ☐ Attach a process flow diagram
☐ Attach GRI-GLYCalc 4.0 Input Report & Aggregate Report (or equivalent simulation report/test results)
☐ Attach the extended gas analysis (including BTEX & n-Hexane, temperature & pressure)

Section 02 – Requested Action (Check applicable request boxes)

- ☐ Request for NEW permit or newly reported emission source
- ☐ Request MODIFICATION to existing permit (check each box below that applies)
- ☐ Change process or equipment ☐ Change company name
- ☐ Change permit limit ☐ Transfer of ownership ☐ Other
- ☐ Request to limit HAPs with a Federally enforceable limit on PTE
- ☐ Request APEN update only (check the box below that applies)
- ☐ Revision to actual calendar year emissions for emission inventory
- ☐ Update 5-Year APEN term without change to permit limits or previously reported emissions

Addl. Info. & Notes: _____

Colorado Department of Public Health and Environment Air Pollution Control Division (APCD)

This notice is valid for five (5) years. Submit a revised APEN prior to expiration of five-year term, or when a significant change is made (increase production, new equipment, change in fuel type, etc).

Mail this form along with a check for \$152.90 to:
Colorado Department of Public Health & Environment
APCD-SS-B1
4300 Cherry Creek Drive South
Denver, CO 80246-1530

For guidance on how to complete this APEN form:

Air Pollution Control Division: (303) 692-3150
Small Business Assistance Program (SBAP): (303) 692-3148 or
(303) 692-3175

APEN forms: <http://www.cdphe.state.co.us/ap/downloadforms.html>

Application status: <http://www.cdphe.state.co.us/ap/ss/sspcpt.html>

- ☐ Check box to request copy of draft permit prior to issuance.
- ☐ Check box to request copy of draft permit prior to public notice.

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Section 05 – Stack Information (Combustion stacks must be listed here)

Operator Stack ID No.	Stack Base Elevation (feet)	Stack Discharge Height Above Ground Level (feet)	Temp. (°F)	Flow Rate (ACFM)	Velocity (ft/sec)	Moisture (%)

Direction of stack outlet (**check one**): ☐ Vertical ☐ Vertical with obstructing raincap ☐ Horizontal ☐ Down ☐ Other (Describe): _____
Exhaust Opening Shape & Size (**check one**): ☐ Circular: Inner Diameter (inches) = _____ ☐ Other: Length (inches) = _____ Width (inches) = _____

Section 06 –Stack (Source, if no combustion) Location (Datum & either Lat/Long or UTM)

Horizontal Datum (NAD27, NAD83, WGS84)	UTM Zone (12 or 13)	UTM Easting or Longitude (meters or degrees)	UTM Northing or Latitude (meters or degrees)	Method of Collection for Location Data (e.g. map, GPS, GoogleEarth)

Section 07 – Control Device Information (Indicate if a control device controls the **flash tank and/or regenerator emissions**)

<input type="checkbox"/> Condenser used for control of: _____ Type: _____ Make/Model: _____ Temperature (°F): Maximum: _____ Average: _____ Requested VOC & HAP Control Efficiency: _____ %	<input type="checkbox"/> Combustion Device used for control of: _____ Rating: _____ MMBtu/hr Type: _____ Make/Model/Serial #: _____ VOC & HAP Control Efficiency: Requested: _____ % Manufacturer Guaranteed: _____ % Minimum temp. to achieve requested control: _____ °F Waste gas heat content: _____ Btu/scf Constant pilot light? <input type="checkbox"/> Yes <input type="checkbox"/> No Pilot burner rating: _____ MMBtu/hr
<input type="checkbox"/> VRU used for control of: _____ Size: _____ Make/Model: _____ Requested VOC & HAP Control Efficiency: _____ % Annual time that VRU is bypassed (emissions vented): _____ %	<input type="checkbox"/> Closed loop system used for control of: _____ Description: _____ <input type="checkbox"/> Describe Any Other : _____

Section 08 – Emissions Inventory Information & Emission Control Information☐ Emission Factor Documentation attached Data year for actual calendar yr. emissions below & gas throughput above (e.g. 2007): _____

Pollutant	Control Device Description		Control Efficiency (% Reduction)	Emission Factor		Actual Calendar Year Emissions ²		Requested Permitted Emissions ³		Estimation Method or Emission Factor Source
	Primary	Secondary		Uncontrolled Basis	Units	Uncontrolled (Tons/Year)	Controlled (Tons/Year)	Uncontrolled (Tons/Year)	Controlled (Tons/Year)	
NO _x	Identify in Section 07									
VOC										
CO										
Benzene										
Toluene										
Ethylbenzene										
Xylene										
n-Hexane										

Please use the APCD Non-Criteria Reportable Air Pollutant Addendum form to report pollutants not listed above.² Annual emission fees will be based on actual emissions reported here. If left blank, annual emission fees will be based on requested emissions.³ If Requested Permitted Emissions is left blank, the APCD will calculate emissions based on the information supplied in sections 03 - 08.**Section 09 –Applicant Certification** - I hereby certify that all information contained herein and information submitted with this application is complete, true and correct.

Signature of Person Legally Authorized to Supply Data

Date

Name of Legally Authorized Person (Please print)

Title